

# DWRF Funding Cycle 2005 Priority List Application

Side 1 of 2 (Use Separate Form for Each Project)

Application # DW - \_ \_ \_ - 2005 (WIFA use only)

## SECTION 1: APPLICANT INFORMATION

- 1.1 Applicant: Contact:
- 1.2 Address:
- 1.3 Phone: Fax:
- E-mail:
- 1.4 County in Which Project is Located:
- 1.5 Number of Benefiting Connections: Population Served by the System:
- 1.6 Average Monthly User Fees/Charges (*base & use*) for an Average Residential User: \$
- 1.7 Total Debt (*Principal Only*) Payable by System Users: \$
- 1.8 ADEQ System Identification Number:

## SECTION 2: PROJECT DESCRIPTION

- 2.1 Project Title/Name:
- 2.2 Briefly summarize the reason for the proposed project and/or attach a summary: (*Include conditions initiating the proposed project and give details regarding any Notice of Violation(s) and/or Consent Order from a regulating agency. Attach copy.*)

### 2.3 Project Description

#### a. Facilities (*Check appropriate boxes*)

	Repair	Rehab	Upgrade	Replace	Expand
Well or Spring Box					
Storage					
Distribution & Booster Pumps					
Treatment & Disinfection					

#### b. Secure a New Water Source (*Check appropriate box*)

- ☐ Ground Water      ☐ Surface Water      ☐ Ground Water under Direct Surface Influence

### 2.4 Type of Loan required during funding cycle 2005 (*check appropriate box*)

- ☐ Design      ☐ Construction

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### 2.5 Consolidation and Regionalization *(Check appropriate boxes)*

- |   |   |
|---|---|
| <input type="checkbox"/> Consolidate Existing Physical Facilities<br><input type="checkbox"/> Consolidate Existing Operations | <input type="checkbox"/> Consolidate Existing Service Areas<br><input type="checkbox"/> Consolidate Existing Ownerships |
|---|---|

### SECTION 3: AMOUNT OF FINANCIAL ASSISTANCE

<u>Total Project Costs</u>	<u>Amount Requested from WIFA</u>	<u>Amount Funded Locally</u>	<u>Amount Funded from Other Sources</u>
\$	= \$	+ \$	+ \$

List Names of Other Funding Sources:

### SECTION 4: READINESS TO PROCEED INDICATORS

#### 4.1 Debt Authorization *(Authorization through election or special district creation or process.) (Check appropriate box):*

- ☐ Authorized – Enclose copy of official election canvas or special district proceedings (governmental)
- ☐ Authorized – Enclose Arizona Corporation Commission Order authorizing long term financing (non-governmental)
- ☐ Scheduled – Anticipated Authorization Date *(insert date)*:
- ☐ No Plans to Schedule within Funding Cycle – January 2005 through December 2005.

#### 4.2 Project Plans & Specifications: *(Check appropriate box)*

- ☐ Approved – Enclose Approval Notification.
- ☐ Scheduled for Approval – Anticipated Approval Date *(insert date)*:
- ☐ Engineer Selected – Anticipated Start Date
- ☐ Engineer Not Selected

#### 4.3 Applicable Local, State, and Federal Project Permits: *(Check appropriate box)*

- ☐ Obtained – Enclose Approval Notification(s).
- ☐ Scheduled to Obtain Permit(s) – Anticipated Permit(s) Date *(insert date)*:
- ☐ Date of Approval Unknown
- ☐ Not Applicable – Explain:

#### 4.4 Project Bids: *(Check appropriate box)*

- ☐ Accepted
- ☐ Scheduled to Solicit Bids – Anticipated Solicitation Date *(insert date)*:
- ☐ Date of Bid Solicitation Unknown
- ☐ Not Applicable – Explain:

### SECTION 5: CERTIFICATION & APPROVAL

*As the Authorized Representative, I certify that the information contained in this application is, to the best of my knowledge, true, accurate, and correct.*

Signature:

Name:

Title:

Date: